

DECLARATION AND POWER OF ATTORNEY FOR PATENT APPLICATION

As a below named inventor, I hereby declare that:
 My residence, post office address and citizenship are as stated below next to my name:
 I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

APPARATUS FOR REMOVING AIR AND/OR DEBRIS FROM A FLOW OF LIQUID

the specification of which:

☒ is attached hereto.

☐ was filed on _____ as
 Application Serial No. _____
 and was amended on _____
 (if applicable)

I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose information which is material to patentability of this application in accordance with Title 37, Code of Federal Regulations, §1.56.

- ☐ I hereby claim foreign priority benefits under Title 35, United States Code, §119, of any foreign application(s) for patent or inventor's certificate listed below and have also identified below any foreign application for patent or inventor's certificate having a filing date before that of the application on which priority is claimed:

PRIOR FOREIGN APPLICATION(S)

Priority Claimed

_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
(Number)	(Country)	(Day/Month/Year Filed)	Yes	No

- ☐ I hereby claim the benefit under Title 35, United States Code §119(e) of any United States provisional applications listed below.

_____	_____
(Application Serial No.)	(Filing Date)

- ☐ I hereby claim the benefit under Title 35, United States Code, §120, of any United States application(s) listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States application in the manner provided by the first paragraph of Title 35, United States Code, §112, I acknowledge the duty to disclose information material to patentability as defined in Title 37, Code of Federal Regulations, §1.56, which occurred between the filing date of the prior application and the national or PCT international filing date of this application.

_____	_____	_____
(Application Serial No.)	(Filing Date)	(Status)(patented, pending, abandoned)

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true and

further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under §1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

As a named inventor, I hereby appoint Kevin R. Erdman, Regis. No. 33,687; Sarah M. Jabbari, Regis. No. 47,679; Dennis Schell, Regis. No. 48,696; Kitisri Sukhapinda, Regis. No. 47,116; Nancy G. Tinsley, Regis. No. 37,098; Daniel Tychonievich Regis. No. 41,358; Thomas Adams, Regis. No. 48,230, Abigail Butler, Regis. No. 48,238; Adam Cox, Regis. No. 46,644; Brian C. Pauls, Regis. No. 40,122; John F. Hoffman, Regis. No. 26,280; Anthony Niewyk, Regis. No. 24,871; Michael D. Schwartz, Regis. No. 44,326; Eric J. Groen, Regis. No. 32,230; Gerard T. Gallagher, Regis. No. 39,679; Thomas Ladd, Regis. No. 32,543; Kareem Howell, Regis. No. 53,039 and Keith J. Swedo, Regis. No. 43,176 of BAKER & DANIELS as attorney(s) to prosecute this application and transact all business in the Patent and Trademark Office connected therewith.


PLEASE SEND ALL CORRESPONDENCE AND DIRECT TELEPHONE CALLS TO:
 BAKER & DANIELS (Customer No. 27268)
 300 North Meridian St., Suite 2700
 Indianapolis, Indiana 46204
 Telephone: 317-237-0300
 Facsimile: 317-237-1000

[1] Full name of sole or first inventor: Aaron Schipper

Residence: 3031 East 450 North, Peru, Indiana 46970

Citizenship: United States

Post Office Address: 3031 East 450 North, Peru, Indiana 46970

Inventor's Signature  Date: 1-19-04

[2] Full name of second inventor: _____

Residence: _____

Citizenship: _____

Post Office Address: _____

Inventor's Signature _____ Date: _____

[3] Full name of third inventor: _____

Residence: _____

Citizenship: _____

Post Office Address: _____

Inventor's Signature _____ Date: _____